



# PROTECTION PLANS

Let us take the worry out of servicing your heating system equipment. Check out our great protection plans below that keep you up and running all year at peak efficiency.

## PROTECTION PLUS \$225

Complete vacuum of the system (ducts not included) | Clean and calibrate electrodes  
Inspect and clean heat exchanger | Clean and adjust burner & ignition controls | Clean and check breeching  
Replace air filter | Replace nozzle | Replace pump strainer & gasket  
Check fuel connections for leaks | Replace fuel filter  
Perform combustion efficiency test | Inspect oil tank(s) for leaks

~ 24 HOUR EMERGENCY SERVICE AT REGULAR RATES ~ PRIORITY DISPATCH FOR HEATING SYSTEM REPAIR CALL ~  
~ 10% DISCOUNT ON ALL HEATING SYSTEM REPAIR PARTS DURING THE PLAN YEAR ~

## PROTECTION PLAN \$185

Complete vacuum of the system (ducts not included) | Clean and calibrate electrodes | Inspect and clean heat exchanger | Clean and adjust burner & ignition controls  
Clean and check breeching | Replace air filter | Replace nozzle | Replace pump strainer & gasket | Check fuel connections for leaks | Replace fuel filter Perform  
combustion efficiency test | Inspect oil tank(s) for leaks

CN Heating reserves the right to reject any service agreement if an inspection by our service technician finds the equipment to be in such condition that service will be unsatisfactory to both parties. Some existing systems may require code updates to satisfy State of Maine and NFPA requirements. CN Heating will endeavor to render prompt and efficient service hereunder, but it is expressly agreed that CN Heating shall in no event be liable for damage or loss caused by delay or any loss arising out of performance of this agreement.

837-8259 | 665 State Route 32, Round Pond, ME 04564 | CNHEATINGANDMONITOR.COM

ACCEPTANCE OF CONTRACT - By signing below you agree that the above prices, specifications and conditions are satisfactory and are hereby accepted. CN Heating is authorized to do the work as specified. Payments due at time of service.

Chosen Plan:  Protection Plus  Protection Plan  Check Enclosed

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date of Acceptance: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_